| Statement of           | Organization                       |   |   | Date Stamp                     | CALIFO        | DNIA              |
|------------------------|------------------------------------|---|---|--------------------------------|---------------|-------------------|
| <b>Recipient Con</b>   | nmittee                            |   |   |                                |               |                   |
| Statement Type         | ☐ Initial                          |   | ☐ Termination – See Part 5                | City Clerk's Office            | FOR           | Official Use Only |
|                        | O Not yet qualified                |   |   | DEC 17 2020                    |               | ·                 |
|                        | O Date qualification threshold met | Date qualification threshold met  | Date of termination                       |                                |               |                   |
|                        |                                    | 03 / 17 / 1994  | //  | RECEIVED                       |               |                   |
| 1. Committee li        | nformation I.D. Number             |   | 2. Treasurer and                          | Other Principal Officers       |               |                   |
| NAME OF COMMITTEE      | 1 17                               |   | NAME OF TREASURER                         |                                |               |                   |
| Milpitas Firefic       | ghters PAC, Sponsored by Mil       | pitas Firefighters Local  | NAME OF TREASURER                         |                                |               |                   |
| 1699                   |                                    | ,   | James Queenan                             | r.                             |               |                   |
|                        |                                    |   | STREET ADDRESS (NO P.O. BOX)              |                                |               |                   |
|                        |                                    |   | 1900 Cox Road                             |                                |               |                   |
| STREET ADDRESS (NO P.C | O. BOX)                            |   | CITY                                      | STATE                          | ZIP CODE      | AREA CODE/PHONE   |
| 5429 Madison Ave       | enue                               |   | Aptos                                     | CA                             | 95003         | (904)300 3706     |
| CITY                   | STATE ZIP C                        | ODE AREA CODE/PHONE   | NAME OF ASSISTANT TREASURER               |                                | 93003         | (804)390-3786     |
| Sacramento             | CA                                 | 95841 (916)348-91   | 00 Denise Lewis                           |                                |               |                   |
| FULL MAILING ADDRESS   | (IF DIFFERENT)                     | (310,310 )1   | STREET ADDRESS (NO P.O. BOX)              |                                |               |                   |
|                        |                                    |   | 5420 Madiana Barra                        |                                |               |                   |
| E-MAIL ADDRESS (REQUI  | IRED) / FAX (OPTIONAL)             |   | 5429 Madison Aven                         | ue<br>STATE                    | ZIP CODE      | AREA CODE/PHONE   |
| campaigne@rche :       | ıs / (916)348-9111                 |   | _   |                                |               | AMEA COBE/THORE   |
| COUNTY OF DOMICILE     | JURISDICTION WHERE COM             | AMITTEE IS ACTIVE   | Sacramento  NAME OF PRINCIPAL OFFICER(S)  | CA                             | 95841         | (916)348-9100     |
| Sacramento             |                                    |   | NAME OF PRINCIPAL OFFICER(S)              |                                |               |                   |
| - Sacramento           | City of Milp                       | icas  | Reggie Sutton, Pr                         | esident                        |               |                   |
|                        |                                    |   | STREET ADDRESS (NO P.O. BOX)              |                                |               |                   |
|                        |                                    |   | 10345 Sheldon Roa                         |                                |               |                   |
| Attach additional      | information on appropriately lab   | eled continuation sheets.   | CITY                                      | STATE                          | ZIP CODE      | AREA CODE/PHONE   |
|                        |                                    |   | Elk Grove                                 | CA                             | 95624         | (510)219-7120     |
| 3. Verification        |                                    | 1. 20 June 18: 10 |   |                                | CAS COMPANIES |                   |
| I have used all r      | easonable diligence in preparing   | this statement and to the best  | of my knowledge the informa               | tion contained herein is true: | and complete  | L certify under   |
| penalty of perju       | iry under the laws of the State of | California that the foregoing is  | s true and correct.                       |                                | ma complete.  | recitify diluci   |
|                        | 12/0/2020                          |   | - 170                                     |                                |               |                   |
| Executed on            | DATE By                            | Sign  | NATURE OF TREASURER OR ASSISTANT TREASUR  | DEB                            |               |                   |
| Executed on            | D                                  |   | The Assert The Assert The Assert          | ner.                           |               |                   |
| Executed Oil           | DATE By                            | SIGNATURE OF CONTR  | OLLING OFFICEHOLDER, CANDIDATE, OR STATE  | MEASURE PROPONENT              |               |                   |
| Executed on            | D                                  |   | Seeme Strice Seem, Candidate, On State    | MEASURE PROPONENT              |               |                   |
|                        | DATE By                            | SIGNATURE OF CONTR  | OLLING OFFICEHOLDER, CANDIDATE, OR STATE  | MEASURE PROPONENT              | <del></del>   |                   |
| Executed on            | Ву                                 |   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                                |               | ž.                |
|                        | DATE                               | SIGNATURE OF CONTR  | ROLLING OFFICEHOLDER, CANDIDATE, OR STATE | MEASURE PROPONENT              |               |                   |
|                        |                                    |   | OTT TOETHOLDEN, CANDIDATE, OR STATE       | MEASONE PROPUNENT              |               |                   |

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

| Recipient Con                                      | _                                    |                                    |  | Date Stamp               | CALIFO       |                      |
|--|--------------------------------------|------------------------------------|--|--------------------------|--------------|----------------------|
| Statement Type                                     | ☐ Initial O Not yet qualified        | X Amendment                        | ☐ Termination – See Part 5                       |                          | City Ci      | or Official Use Only |
|  | or O Date qualification threshold me | t Date qualification threshold met | Date of termination                              |                          | DEC          | 17 2020              |
|  | /                                    | 03 / 17 / 1994                     |  |                          | REC          | EIVED                |
| 1. Committee li                                    | nformation   I.D. Numb               |                                    | 2. Treasurer and Otl                             | her Principal Officers   | 5            |                      |
| NAME OF COMMITTEE                                  |                                      |                                    | NAME OF TREASURER                                | - Transaction            |              |                      |
| Milpitas Firefic<br>1699                           | ghters PAC, Sponsored by Mi          | lpitas Firefighters Local          | James Queenan                                    |                          |              |                      |
|  |                                      |                                    | STREET ADDRESS (NO P.O. BOX)                     |                          |              |                      |
|  |                                      |                                    | 1900 Cox Road                                    |                          |              |                      |
| STREET ADDRESS (NO P.O                             | O. BOX)                              |                                    | CITY   | STATE                    | ZIP CODE     | AREA CODE/PHONE      |
| 5429 Madison Ave                                   | enue                                 |                                    | Aptos  | CA                       | 05003        | (004) 300 3505       |
| CITY   | STATE ZIP                            | CODE AREA CODE/PHONE               | NAME OF ASSISTANT TREASURER, IF AF               |                          | 95003        | (804)390-3786        |
| Sacramento   | CA                                   | 95841 (916)348-9                   | 100 Denise Lewis                                 |                          |              |                      |
| FULL MAILING ADDRESS                               | (IF DIFFERENT)                       | (220,010)                          | STREET ADDRESS (NO P.O. BOX)                     |                          |              |                      |
|  |                                      |                                    | 5429 Madison Avenue                              |                          |              |                      |
| E-MAIL ADDRESS (REQUI                              | IRED) / FAX (OPTIONAL)               |                                    | CITY   | STATE                    | ZIP CODE     | AREA CODE/PHONE      |
| campaigns@rcbs.u                                   | us / (916)348-9111                   |                                    | Sagramente                                       | <b>a</b> >               |              |                      |
| COUNTY OF DOMICILE                                 | JURISDICTION WHERE CO                | DMMITTEE IS ACTIVE                 | Sacramento  NAME OF PRINCIPAL OFFICER(S)         | CA                       | 95841        | (916)348-9100        |
| Sacramento   | City of Mil                          | pitas                              |  |                          |              |                      |
|  | 5157 51                              | prod                               | Reggie Sutton, Presid                            | dent                     |              |                      |
|  |                                      |                                    | ,  |                          |              |                      |
|  |                                      |                                    | 10345 Sheldon Road                               | STATE                    | ZIP CODE     | 1051 0005 (010015    |
| Attach additional                                  | information on appropriately la      | beled continuation sheets.         |  | STATE                    | ZIP CODE     | AREA CODE/PHONE      |
|  |                                      |                                    | Elk Grove  | CA                       | 95624        | (510)219-7120        |
| 3. Verification I have used all r penalty of perju | ury under the laws of the State o    | f California that the foregoing    | so M   | contained herein is true | and complete | e. I certify under   |
| _  | DATE                                 | S                                  | IGNATURE OF TREASURER OR ASSISTANT TREASURER     |                          |              |                      |
| Executed on  | DATE By                              |                                    |  |                          |              |                      |
|  |                                      | SIGNATURE OF CONT                  | TROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEAST | URE PROPONENT            |              |                      |
| Executed on  | DATE By                              | SIGNATURE OF COM                   | TROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASI | URE PROPONENT            |              |                      |
| Executed on  | _                                    | SIGNATURE OF CON                   | MEASO  | UNE PROPUNENT            |              |                      |
| executed on  | By                                   | CICNATURE OF CO.                   | TROUTING OFFICE HOLDER COMMENT                   |                          |              |                      |
|  |                                      | SIGNATURE OF CON                   | TROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEAS  | URE PROPONENT            | EDD/         | * Form 410 / A       |

FPPC Form 410 (August/2018) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

CALIFORNIA 410

Page 2 of 5

I.D. NUMBER

941250

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

#### 2a. Additional Officers / Assistant Treasurers

| NAME                      |        | ····     |                 | NAME            | <del></del> |          |                 |
|---------------------------|--------|----------|-----------------|-----------------|-------------|----------|-----------------|
| Jonathan Powers, Vice Pre | sident |          |                 |                 |             |          |                 |
| MAILING ADDRESS           |        |          | 2               | MAILING ADDRESS |             |          |                 |
| 4520 Norwich Way          |        |          |                 |                 |             |          |                 |
| CITY                      | STATE  | ZIP CODE | AREA CODE/PHONE | CITY            | STATE       | ZIP CODE | AREA CODE/PHONE |
| San Jose                  | CA     | 95130    | (408)807-1841   |                 |             |          |                 |
| NAME                      |        |          |                 | NAME            |             |          |                 |
| MAILING ADDRESS           |        |          |                 | MAILING ADDRESS |             |          |                 |
| CITY                      | STATE  | ZIP CODE | AREA CODE/PHONE | CITY            | STATE       | ZIP CODE | AREA CODE/PHONE |
| NAME                      |        |          |                 | NAME            |             |          |                 |
| MAILING ADDRESS           |        |          |                 | MAILING ADDRESS |             |          |                 |
| CITY                      | STATE  | ZIP CODE | AREA CODE/PHONE | CITY            | STATE       | ZIP CODE | AREA CODE/PHONE |
| NAME                      |        |          |                 | NAME            |             |          |                 |
| MAILING ADDRESS           |        |          |                 | MAILING ADDRESS |             |          |                 |
| CITY                      | STATE  | ZIP CODE | AREA CODE/PHONE | CITY            | STATE       | ZIP CODE | AREA CODE/PHONE |
|                           |        |          |                 |                 |             |          |                 |

| Statement of Organization Recipient Committee   |                |                         |                        |                |             |            | ORNIA 1               | 10     |
|---|----------------|-------------------------|------------------------|----------------|-------------|------------|-----------------------|--------|
| INSTRUCTIONS ON REVERSE   |                |                         |                        |                |             | FO         | RM -                  | 10     |
| COMMITTEE NAME  |                |                         |                        |                |             |            | Page 3 of 5           |        |
| Milpitas Firefighters PAC, Sponsored by Milpitas Firefig  | ghters Loc     | cal 1699                |                        |                |             | .D. NUMBER | 41250                 |        |
| All committees must list the financial institution where the campaign became a committee of the committee of the campaign became a committee of the commi | oank accoun    | t is located.           |                        |                | <u>.</u>    |            | 41230                 | ε.     |
| NAME OF FINANCIAL INSTITUTION   | AREA CO        | DDE/PHONE               | BANK ACCO              | OUNT NUMBER    |             |            |                       |        |
| First Foundation Bank   | (916)          | 724-2424                | 23                     | 03002332       |             |            |                       |        |
| ADDRESS   | CITY           |                         | STATE                  |                | P CODE      |            |                       |        |
| 2233 Douglas Boulevard, Suite 300   | Rose           | ville                   | CA                     |                | 95661       |            |                       |        |
| List the political party with which each officeholder or candidate     If this committee acts jointly with another controlled committee,  NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPOSERY.   | , list the nai | me and identification   | number of the oth      | ner controlle  |             |            |                       |        |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  |                | INCLUDE DISTRICT NUMBER | IF APPLICABLE)         | ELECTION       | CHECK       |            | The state of          |        |
|   |                |                         |                        |                | Nonpartisan | Partisan   | (list political party | below) |
|   |                |                         |                        |                | Nonpartisan | Partisan   | (list political party | below) |
| Primarily Formed Committee Primarily formed to support or o   | ppose spec     | cific candidates or me  | asures in a single e   | election. List | t below:    |            |                       |        |
| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.  | TTER)          |                         | (S) OFFICE SOUGHT OR I |                |             | 1          | CHECK                 | ONE    |
|   |                |                         |                        |                |             |            | SUPPORT               | OPPOSE |
|   |                |                         |                        |                |             |            | SUPPORT               | OPPOSE |

#### **Statement of Organization** CALIFORNIA **Recipient Committee FORM** INSTRUCTIONS ON REVERSE Page 4 of 5 COMMITTEE NAME I.D. NUMBER Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: X CITY Committee ☐ COUNTY Committee ☐ STATE Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Support or oppose officeholders, candidates or ballot measures within the City of Milpitas Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR Milpitas Firefighters Local 1699 Labor Union STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE AREA CODE/PHONE 1313 N Milpitas Boulevard Milpitas CA 95035 (408) 942-8904

#### 5. Termination Requirements

Small Contributor Committee

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;

Date qualified

- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- · This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

CALIFORNIA FORM 410

COMMITTEE NAME

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

I.D. NUMBER 941250

| Statement of Organization Recipient Committee  |  | City Clerk's Office      | CALIFORNIA 410                |    |
|--|--|--------------------------|-------------------------------|----|
| Statement Type   | ermination – See Part 5  | FEB 01 2019              | For Official Use Only         |    |
| O Date qualified as committee   O3 / 17 / 1994  Date qualified as committee D                      | ate of termination   | RECEIVED                 |                               |    |
| 1. Committee Information I.D. Number (if applicable) 941250  | 2. Treasurer and   | Other Principal Officers |                               |    |
| NAME OF COMMITTEE  | NAME OF TREASURER  |                          |                               |    |
| Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 169                            | Geoffrey Maloon  |                          |                               |    |
| milpicas Firelighters FAC, Sponsored by Milpitas Firelighters Local 169                            | STREET ADDRESS (NO P.O. BOX)   |                          |                               |    |
|  | 3357 N. Polo Drive   | e                        |                               |    |
| STREET ADDRESS (NO P.O. BOX)   | CITY   | STATE                    | ZIP CODE AREA CODE/PHONE      |    |
| 5429 Madison Avenue  | Aptos  | CA                       | 95003 (831) 277-219           | 18 |
| CITY STATE ZIP CODE AREA CODE/PHONE  | NAME OF ASSISTANT TREASURER  |                          |                               |    |
| Sacramento CA 95841 (916)348-9100  |  | <b>,</b>                 |                               |    |
| MAILING ADDRESS (IF DIFFERENT)   | STREET ADDRESS (NO P.O. BOX)   |                          |                               |    |
|  | 5429 Madison Aven  | ue                       |                               |    |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)   | CITY   | STATE                    | ZIP CODE AREA CODE/PHONE      |    |
| (916)348-9111 / campaigns@rcbs.us  | Sacramento   | CA                       | 95841 (916)348-910            | 0  |
| COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  | NAME OF PRINCIPAL OFFICER(S)   |                          |                               | _  |
| Sacramento City of Milpitas  | Reggie Sutton, Pro   | esident                  |                               |    |
|  | STREET ADDRESS (NO P.O. BOX)   |                          |                               |    |
|  | 10345 Sheldon Road   | d                        |                               |    |
| Attack additional information  | CITY   | STATE                    | ZIP CODE AREA CODE/PHONE      |    |
| Attach additional information on appropriately labeled continuation sheets.                        | Elk Grove  | CA                       | 95624 (510)219-712            | 0  |
| Executed on DATE By SIGNATURE OF CONTROL  Executed on DATE By SIGNATURE OF CONTROL  Executed on By | of my knowledge the information and correct.  LIVE OF TREASURER OR ASSISTANT TREASURER OF TREASURER, CANDIDATE, OR STATE OF TREASURER O | RER<br>MEASURE PROPONENT | and complete. I certify under |    |
|  | LING OFFICEHOLDER, CANDIDATE, OR STATE   | MEASURE PROPONENT        | <del></del>                   |    |

CALIFORNIA 410

FORIWI - -

Page 2 of 5

941250

COMMITTEE NAME

INSTRUCTIONS ON REVERSE

Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

#### 2a. Additional Officers / Assistant Treasurers

|                                 |       |          |                   | NAME            |        |          |                 |
|---------------------------------|-------|----------|-------------------|-----------------|--------|----------|-----------------|
| AME                             |       |          |                   |                 |        |          |                 |
| Jonathan Powers, Vice President |       |          |                   | MAILING ADDRESS |        |          |                 |
| MAILING ADDRESS                 |       |          |                   |                 |        |          |                 |
| 4520 Norwich Way                |       |          | - PEA CODE/DUONE  | CITY            | STATE  | ZIP CODE | AREA CODE/PHONE |
| DITY                            | STATE | ZIP CODE | AREA CODE/PHONE   | 3111            |        |          |                 |
| San Jose                        | CA    | 95130    | (408) 807-1841    |                 |        |          |                 |
|                                 |       |          |                   |                 |        |          |                 |
| NAME                            |       |          |                   | NAME            |        |          |                 |
| NAIVIE                          |       |          |                   |                 |        |          |                 |
| MAILING ADDRESS                 |       |          |                   | MAILING ADDRESS |        |          |                 |
| MAILING ADDRESS                 |       |          |                   |                 | STATE  | ZIP CODE | AREA CODE/PHONE |
| CITY                            | STATE | ZIP CODE | AREA CODE/PHONE   | CITY            | 31/112 |          |                 |
|                                 |       |          |                   |                 |        |          |                 |
|                                 |       |          |                   |                 |        |          |                 |
|                                 |       |          |                   | NAME            |        |          |                 |
| NAME                            |       |          |                   | •               |        |          |                 |
|                                 |       |          |                   | MAILING ADDRESS |        |          |                 |
| MAILING ADDRESS                 |       |          |                   |                 |        | ZIP CODE | AREA CODE/PHONE |
|                                 | STATE | ZIP CODE | AREA CODE/PHONE   | CITY            | STATE  | ZIP CODE | 711127          |
| CITY                            | 0     |          |                   |                 |        |          |                 |
|                                 |       |          |                   |                 |        |          |                 |
|                                 |       |          |                   | NAME            |        |          |                 |
| NAME                            |       |          |                   | NAIVIL .        |        |          |                 |
|                                 |       |          |                   | MAILING ADDRESS |        |          |                 |
| MAILING ADDRESS                 |       |          |                   | MIMERIO MODILE  |        |          |                 |
|                                 |       |          | A DEL CODE IDUONE | CITY            | STATE  | ZIP CODE | AREA CODE/PHONE |
| CITY                            | STATE | ZIP CODE | AREA CODE/PHONE   | <b></b>         |        |          |                 |
|                                 |       |          |                   |                 |        |          |                 |

| Statement of Organization  |                       |                            |  | ٠            |                 | CALIF       | ORNIA A               | 10_      |
|--|-----------------------|----------------------------|--|--------------|-----------------|-------------|-----------------------|----------|
| Recipient Committee  |                       |                            |  |              |                 | FO          | RM 4                  |          |
| INSTRUCTIONS ON REVERSE  |                       |                            |  |              |                 | Page 2      | Page 3 of 5           |          |
| COMMITTEE NAME   | programs and a second |                            |  |              |                 | I.D. NUMBER |                       |          |
| Milpitas Firefighters PAC, Sponsored by Milpitas Firefigh  | ters Loca             | 1 1699                     |  |              |                 | 94          | 41250                 |          |
| All committees must list the financial institution where the campaign b  | ank accoun            | t is located.              |  |              |                 |             |                       |          |
| NAME OF FINANCIAL INSTITUTION  | AREA CO               | DDE/PHONE                  | BANK ACCO  | UNT NUMBER   |                 |             |                       |          |
| First Foundation Bank  | (9                    | 916)724-2424               |  |              |                 |             |                       |          |
| ADDRESS  | CITY                  |                            | STATE  | ZI           | P CODE          | `           |                       |          |
| 2233 Douglas Boulevard, Suite 300  | Ro                    | oseville                   | CA   |              | 95661           |             |                       |          |
| <b>4. Type of Committee</b> Complete the applicable sections.  |                       |                            |  |              |                 |             |                       |          |
| Controlled Committee   |                       |                            |  |              |                 |             |                       |          |
| <ul> <li>List the name of each controlling officeholder, candidate, or state district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candidate in this committee acts jointly with another controlled committee,</li> </ul> | is affiliated         | or check "nonpartisar      | ." Stating "No pa  | rty preferer | nce" is accepta |             | ce sought of he       | eid, and |
| if this committee acts jointly with another controlled committee,  | nse ene na            | ELECTIVE OFFICE SOUGHT     |  | YEAR OF      | d committee.    | PA          | RTY                   |          |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT   | (                     | INCLUDE DISTRICT NUMBER II |  | ELECTION     | ·               | K ONE       |                       |          |
|  |                       |                            |  |              | Nonpartisan     | Partisan    | (list political party | below)   |
|  |                       |                            |  | <del> </del> | Nonpartisan     | Partisan (  | (list political party | below)   |
|  |                       |                            |  |              |                 |             |                       |          |
| Primarily Formed Committee Primarily formed to support or o  | ppose spec            | cific candidates or mea    | sures in a single e  | lection. Lis | t below:        |             |                       |          |
| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LET<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.  | TER)                  |                            | S) OFFICE SOUGHT OR H<br>IDE DISTRICT NO., CITY  |              |                 | N           | CHECK                 | ONE      |
|  |                       |                            |  |              |                 |             | SUPPORT               | OPPOSE   |
| <del></del>  |                       |                            | M. A. A. M. A. N. A. |              |                 |             | SUPPORT               | OPPOSE   |

INSTRUCTIONS ON REVERSE

CALIFORNIA 410

Page 3 Page 4 of 5

I.D. NUMBER

| AMAI SATTIMMIC  |   |  |                               | 941250                          |
|---|---|--|-------------------------------|---------------------------------|
| ilpitas Firefighters PAC, Sponsored by Milpitas   | Firefighters Local 1699   |  |                               |                                 |
| . Type of Committee (Continued)   |   |  |                               |                                 |
|   | or oppose specific candidates or measures in a sin COUNTY Committee | gle election. Check of Political Party/Centr | only one box:<br>al Committee |                                 |
| ovide Brief Description of Activity<br>Support or oppose officeholders, candidates or b | pallot measures within the City of Milpitas                         |  |                               |                                 |
| Sponsored Committee List additional sponsors on a                                       | n attachment.   |  |                               |                                 |
| Spotisorea commisse   |   |  |                               |                                 |
|   | INDUSTRY GROUP OR AFFILIATION OF SPOI                               | 4SOR   |                               |                                 |
| SME OF SPONSOR  | INDUSTRY GROUP OR AFFILIATION OF SPOI<br>Labor Union                |  | TIO CODE                      | ARFA CODE/PHONE                 |
| AME OF SPONSOR Milpitas Firefighters Local 1699 TREET ADDRESS NO. AND STREET            |   | STATE  CA                                    | 7IP CODE<br>95035             | AREA CODE/PHONE<br>408-942-8904 |

#### 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

ADDITIONAL COMMENTS

CALIFORNIA 410

Page \_\_5 of \_5

941250

COMMITTEE NAME
Milpitas Firefighters PAC, Sponsored by Milpitas Firefighters Local 1699

| Statement of C<br>Recipient Con   | -  | n                  |   |                   |  | RECEI<br>in the office   | IVED AND FILED the of the Secretary of State the State of Colifornia | CALIFO<br>FOR | PRNIA 410                                |
|---|--|--------------------|---|-------------------|--|--------------------------|--|---------------|--|
| Statement Type  | ☐ Initial  |                    | X Amendment                                 | ☐ Term            | ination – See Part 5   | , 0, 11                  | ie State of Camonia  | Cityf         | or Official, Use Only.<br>CIETK'S UTTICE |
|   | O Not yet quali  | fied               |   |                   |  | J                        | IUL 23 <b>2018</b>   |               | OIGING OINGO                             |
|   | or<br>O Date qualifie  | d as committee     | 03 / 17 / 1994  Date qualified as committee | /_<br>Date o      | /<br>of termination  |                          |  | AU            | 6 0 2 <b>2018</b>                        |
|   | /  | _/                 |   | •                 |  |                          |  | RE            | CEIVED                                   |
| 1. Committee li   | nformation   | I.D. Num           |   |                   | 2. Treasurer   | and Othe                 | er Principal Officers  |               |  |
| NAME OF COMMITTEE   |  |                    | 100   |                   | NAME OF TREASURER  |                          |  |               |  |
|   |  |                    |   |                   | Geoffrey Malo  | on                       |  |               |  |
| Milpitas Firefig  | ghters PAC   |                    |   |                   | STREET ADDRESS (NO P.O.  | . BOX)                   |  |               |  |
|   |  |                    |   |                   | 3357 N. Polo 1   | Drive                    |  |               |  |
| STREET ADDRESS (NO P.   | O. BOX)  |                    |   |                   | CITY   |                          | STATE  | ZIP CODE      | AREA CODE/PHONE                          |
| 5429 Madison Ave  | enue   |                    |   |                   | Aptos  |                          | CA   | 95003         | (831)277-2198                            |
| CITY  |  | STATE              | ZIP CODE AREA CODE/                         | PHONE             | NAME OF ASSISTANT TREA   | ASURER, IF ANY           |  |               |  |
| Sacramento  |  | CA                 | 95841 (916)                                 | 348-9100          | Denise Lewis   |                          |  |               |  |
| MAILING ADDRESS (IF D   | DIFFERENT)   |                    |   |                   | STREET ADDRESS (NO P.O.  | . BOX)                   |  |               |  |
|   |  |                    |   |                   | 5429 Madison   | Avenue                   |  |               |  |
| E-MAIL ADDRESS (REQU  | JIRED) / FAX (OPTIONAL)  |                    |   |                   | CITY   |                          | STATE  | ZIP CODE      | AREA CODE/PHONE                          |
| (916)348-9111 /   | campaigns@rch  | s.us               |   |                   | Sacramento   |                          | CA   | 95841         | (916)348-9100                            |
| COUNTY OF DOMICILE  |  | JURISDICTION WHERE | COMMITTEE IS ACTIVE                         |                   | NAME OF PRINCIPAL OFF  | ICER(S)                  |  |               |  |
| Sacramento  |  | City of M          | lpitas                                      |                   | Reggie Sutton  | , Preside                | ent  |               |  |
|   |  |                    |   |                   | STREET ADDRESS (NO P.O   | D. BOX)                  |  |               |  |
|   |  |                    |   |                   | 10345 Sheldon  | Road                     |  |               |  |
| All I delitera  | l : f  | intolu             | laboled continuation char                   | tc                | CITY   |                          | STATE  | ZIP CODE      | AREA CODE/PHONE                          |
| Attach additional   | i information on   | арргоргіасету      | labeled continuation shee                   | 13.               | Elk Grove  |                          | CA   | 95624         | (510)219-7120                            |
| 3. Verification I have used all penalty of perjunctions Executed on Executed on Executed on | reasonable diligoury under the la<br>7/19/2018<br>DATE<br>DATE | ws of the State    |   | egoing is true    | ory knowledge the info<br>e and correct.<br>E OF TREASURER OR ASSISTANT<br>OFFICEHOLDER, CANDIDATE, OF | TREASURER R STATE MEASUR | RE PROPONENT   | and complete  | e. I certify under                       |
| Executed on   | DATE   | Ву                 | CONTUR                                      | r of control line | COLLICITION DES CANDIDATE O  | D CTATE MEACHE           | DE DECRONENT   |               |  |

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

CALIFORNIA 410

| INSTRUCTIONS | ON | REVERSE |
|--------------|----|---------|
|--------------|----|---------|

COMMITTEE NAME

Milpitas Firefighters PAC

Page 2 of 5

I.D. NUMBER 941250

#### 2a. Additional Officers / Assistant Treasurers

| NAME                      |  |          |                  | NAME            |       |   |                 |
|---------------------------|--|----------|------------------|-----------------|-------|---|-----------------|
| Jonathan Powers, Vice Pre | sident   |          |                  |                 |       |   |                 |
| MAILING ADDRESS           |  |          |                  | MAILING ADDRESS |       |   |                 |
| 4520 Norwich Way          |  |          |                  |                 |       |   |                 |
| CITY                      | STATE  | ZIP CODE | AREA CODE/PHONE  | CITY            | STATE | ZIP CODE  | AREA CODE/PHONE |
| San Jose                  | CA   | 95130    | (408) 807 - 1841 |                 |       |   |                 |
| NAME .                    |  |          |                  | NAME            |       |   |                 |
| MAILING ADDRESS           |  |          |                  | MAILING ADDRESS |       |   |                 |
| CITY                      | STATE  | ZIP CODE | AREA CODE/PHONE  | CITY            | STATE | ZIP CODE  | AREA CODE/PHONE |
|                           | NOT THE RESERVE OF TH |          |                  |                 |       | •   |                 |
| NAME                      |  |          |                  | NAME            | 1     |   |                 |
| MAILING ADDRESS           |  |          |                  | MAILING ADDRESS | 1     |   |                 |
| CITY                      | STATE  | ZIP CODE | AREA CODE/PHONE  | CITY            | STATE | ZIP CODE  | AREA CODE/PHONE |
|                           |  |          |                  |                 |       |   |                 |
| NAME                      |  |          |                  | NAME            |       | di karandar galanda kandajangganan gga dahada daha a bahasa |                 |
| MAILING ADDRESS           |  |          |                  | MAILING ADDRESS |       |   |                 |
| CHY                       | STATE  | ZIP CODE | AREA CODE/PHONE  | CITY            | STATE | ZIP CODE  | AREA CODE/PHONE |
|                           |  |          |                  |                 |       |   |                 |

|  |                                    |                   |          |             |             | ORNIA 4                 | 10     |
|--|------------------------------------|-------------------|----------|-------------|-------------|-------------------------|--------|
| NSTRUCTIONS ON REVERSE   |                                    |                   |          |             | Page 2      | Page 3 of 5             |        |
| OMMITTEE NAME  |                                    |                   |          |             | I.D. NUMBER |                         |        |
| Milpitas Firefighters PAC  |                                    |                   |          |             | 9           | 41250                   |        |
| <ul> <li>All committees must list the financial institution where the campaign b</li> </ul>  | ank account is located.            |                   |          |             |             |                         |        |
| NAME OF FINANCIAL INSTITUTION  | AREA CODE/PHONE                    | F                 |          |             |             |                         |        |
| First Foundation Bank  | (916) 724-2424                     |                   |          |             |             |                         |        |
| ADDRESS  | CITY                               | STATE             | ZI       | P CODE      |             |                         |        |
| 2233 Douglas Boulevard, Suite 300  | Roseville                          | CA                |          | 95661       |             |                         |        |
|  | list the name and identification r | number of the oth |          |             |             | ARTY                    |        |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT   |                                    |                   | ELECTION |             | K ONE       |                         |        |
|  |                                    |                   |          | Nonpartisan | Partisan    | (list political party l | below) |
|  |                                    |                   |          | Nonpartisan | Partisan    | (list political party l | below) |
| Recipient Committee  INSTRUCTIONS ON REVERSE  Page 2  Page 3  Page 3  Page 3  Page 3  Page 4  Page 2  Page 2  Page 2  Page 3  Page 4  Page 2  Page 2  Page 2  Page 3  Page 4  Page 4 |                                    |                   | СНЕСК    |             |             |                         |        |
|  |                                    |                   |          |             |             | SUPPORT                 | OPPOSE |
|  | i i                                |                   | ,        |             |             | JUPPUKI                 | UFFUSE |

#### Statement of Organization CALIFORNIA **Recipient Committee** INSTRUCTIONS ON REVERSE Page 4 of 5 COMMITTEE NAME I.D. NUMBER Milpitas Firefighters PAC 941250 4. Type of Committee (Continued) **General Purpose Committee** Not formed to support or oppose specific candidates or measures in a single election. Check only one box: ☑ CITY Committee ☐ COUNTY Committee ☐ STATE Committee ☐ Political Party/Central Committee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Support or oppose officeholders, candidates or ballot measures within the City of Milpitas Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO AND STREET CHY STATE ZIP CODE AREA CODE/PHONE **Small Contributor Committee**

#### 5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

CALIFORNIA 410 Page \_ 5 \_ of \_ 5 \_ \_

COMMITTEE NAME

Milpitas Firefighters PAC

I.D. NUMBER 941250

| Statement of C  |                       | n  | Date Stamp  |                              | CALIFORNIA 410 FORM FOR Official Use Only |  |  |  |  |
|---|-----------------------|--|---|------------------------------|---|--|--|--|--|
| Recipient Con<br>Statement Type                           |                       |  | Termination – See Part 5                          | City Clerk's Offic           |   |  |  |  |  |
|   | O Not yet qual or     |  |   | JUL 23 2018                  |   |  |  |  |  |
|   | O Date qualifie       | and as committee $\frac{03}{\text{Date qualified as committee}} = \frac{17}{1994}$ | /   | RECEIVE                      | D   |  |  |  |  |
| 1. Committee Ir   | nformation            | I.D. Number (if applicable) 941250   | 2. Treasurer and                                  | Other Principal Office       | ers .                                     |  |  |  |  |
| NAME OF COMMITTEE   |                       |  | NAME OF TREASURER                                 |                              |   | and the second s |  |  |  |
|   |                       |  | Geoffrey Maloon                                   |                              |   |  |  |  |  |
| Milpitas Firefig  | hters PAC             |  | STREET ADDRESS (NO P.O. BOX)                      |                              |   | Annual and the second s |  |  |  |
|   |                       |  | 3357 N. Polo Driv                                 | re                           |   |  |  |  |  |
| STREET ADDRESS (NO P.C                                    | D. BOX)               |  | CITY  | STATE                        | ZIP CODE                                  | AREA CODE/PHONE  |  |  |  |
| 5429 Madison Ave  | enue                  |  | Aptos   | CA                           | 95003                                     | (831)277-2198  |  |  |  |
| CITY  |                       | STATE ZIP CODE AREA CODE/PHONE   | NAME OF ASSISTANT TREASURE                        | R, IF ANY                    |   |  |  |  |  |
| Sacramento  |                       | CA 95841 (916)348-910  | 00 Denise Lewis                                   |                              |   |  |  |  |  |
| MAILING ADDRESS (IF DI                                    | FFERENT)              |  | street address (no P.O. BOX)<br>5429 Madison Aven | nue                          |   |  |  |  |  |
| E-MAIL ADDRESS (REQUI                                     | RED) / FAX (OPTIONAL) |  | CITY  | STATE                        | ZIP CODE                                  | AREA CODE/PHONE  |  |  |  |
| (916)348-9111 /   | campaigns@rch         | os.us  | Sacramento  | CA                           | 95841                                     | (916)348-9100  |  |  |  |
| COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE |                       |  | NAME OF PRINCIPAL OFFICER(S)                      | NAME OF PRINCIPAL OFFICER(S) |   |  |  |  |  |
| Sacramento City of Milpitas                               |                       | Reggie Sutton, Pr  | resident  |                              |   |  |  |  |  |
|   |                       |  | STREET ADDRESS (NO P.O. BOX)                      |                              |   |  |  |  |  |
|   |                       |  | 10345 Sheldon Roa                                 | ıd                           |   |  |  |  |  |
| Attach additional   | information on        | appropriately labeled continuation sheets.   | CITY  | STATE                        | ZIP CODE                                  | AREA CODE/PHONE  |  |  |  |
| Attach additional   | injorniadon on        | appropriately labeled continuation sheets.   | Elk Grove   | CA                           | 95624                                     | (510)219-7120  |  |  |  |
|   |                       | By By  |   | MEASURE PROPONENT            | ue and complet                            | e. I certify under   |  |  |  |
| Executed on   | DATE                  | By SIGNATURE OF CONTRI   | OLLING OFFICEHOLDER, CANDIDATE, OR STATE          | E MEASURE PROPONENT          |   |  |  |  |  |

FPPC Form 410 (February/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

•

CALIFORNIA 410

Page 2 of 5

I.D. NUMBER

941250

Milpitas Firefighters PAC

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

#### 2a. Additional Officers / Assistant Treasurers NAME NAME Jonathan Powers, Vice President MAILING ADDRESS MAILING ADDRESS 4520 Norwich Way AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE CA 95130 (408)807-1841 San Jose NAME NAME MAILING ADDRESS MAILING ADDRESS CITY STATE ZIP CODE AREA CODE/PHONE AREA CODE/PHONE CITY STATE ZIP CODE NAME NAME MAILING ADDRESS MAILING ADDRESS CITY AREA CODE/PHONE STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE NAME NAME MAILING ADDRESS MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE CITY STATE

| Statement of Organization   |                 |   |  |              |  |           | CALIFORNIA 410        |        |  |
|---|-----------------|---|--|--------------|--|-----------|-----------------------|--------|--|
| Recipient Committee   |                 | FORM 410                                |  |              |  |           |                       |        |  |
| INSTRUCTIONS ON REVERSE   |                 | Page 2                                  | Page 3 of 5  |              |  |           |                       |        |  |
| COMMITTEE NAME  |                 | I.D. NUMBER                             |  |              |  |           |                       |        |  |
| Milpitas Firefighters PAC   |                 |   |  |              |  |           | 941250                |        |  |
| All committees must list the financial institution where the campai   | gn bank accour  | at is located.                          |  |              |  |           |                       |        |  |
| NAME OF FINANCIAL INSTITUTION   |                 | 1.47.77                                 | <b>,</b>   |              |  |           |                       |        |  |
| First Foundation Bank   |                 |   |  |              |  |           |                       |        |  |
| ADDRESS   | CITY            |   | STATE  | ZI           | P CODE   |           |                       |        |  |
| 2233 Douglas Boulevard, Suite 300   | R               | oseville                                | CA   |              | 95661  |           |                       |        |  |
| 4. Type of Committee Complete the applicable sections.  |                 |   |  |              |  |           |                       |        |  |
| Controlled Committee  |                 |   |  |              |  |           |                       |        |  |
| <ul> <li>district number, if any, and the year of the election.</li> <li>List the political party with which each officeholder or candid.</li> <li>If this committee acts jointly with another controlled committee.</li> </ul> |                 |   |  |              |  | able.     |                       |        |  |
| This committee acts jointly with another controlled commit  | ice, not the ma | ELECTIVE OFFICE SOUG                    |  | YEAR OF      |  | D         | ARTY                  |        |  |
| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT  |                 | (INCLUDE DISTRICT NUMBER IF APPLICABLE) |  | ELECTION     | CHE  | CHECK ONE |                       |        |  |
|   |                 |   |  |              | Nonpartisan  | Partisan  | (list political party | below) |  |
|   |                 |   |  |              | Nonpartisan  | Partisan  | (list political party | below) |  |
|   |                 | oific candidates as                     | acuros in a single a                               | loction Lie  | t holow:   |           |                       |        |  |
| Primarily Formed Committee Primarily formed to support of   | or oppose spe   | cinc candidates or me                   | asures in a single e                               | iection. Lis | t below.   |           |                       |        |  |
| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OI<br>IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAI   |                 |   | E(S) OFFICE SOUGHT OR H<br>LUDE DISTRICT NO., CITY |              |  | N         | CHECK                 | CONE   |  |
| 37  |                 |   |  |              | The second district of the second |           | SUPPORT               | OPPOSE |  |
|   |                 |   |  |              |  |           | SUPPORT               | OPPOSE |  |

### Statement of Organization

| Recipient Committee  | FORM.   |
|--|---|
| INSTRUCTIONS ON REVERSE .  | Page 3 Page 4 of 5                                |
| COMMITTEE NAME   | I.D. NUMBER                                       |
| Milpitas Firefighters PAC  | 941250  |
| 4. Type of Committee (Continued)   |   |
| General Purpose Committee  Not formed to support or oppose specific candidates or measures in a single election. Check only  ☑ CITY Committee ☐ COUNTY Committee ☐ STATE Committee ☐ Political Party/Central Committee |   |
| PROVIDE BRIEF DESCRIPTION OF ACTIVITY  |   |
| Support or oppose officeholders, candidates or ballot measures within the City of Milpitas   |   |
| Sponsored Committee List additional sponsors on an attachment.   |   |
| NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR .   |   |
| STREET ADDRESS NO. AND STREET CITY STATE Z   | ZIP CODE AREA CODE/PHONE                          |
|  |   |
| Small Contributor Committee  |   |
| 5 Termination Paguirements . Designing the unification the transverse exists at transverse and/or condidate officeholder or programs cartify the   | ant all of the following conditions have been met |

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
  - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

ADDITIONAL COMMENTS

CALIFORNIA 410

Page \_ 5 \_ of \_ 5

COMMITTEE NAME

Milpitas Firefighters PAC

I.D. NUMBER 941250